



**RE-ROOF
PERMIT APPLICATION**
Schedule inspection by 3:00 P.M. day prior
(303) 621-3140

Permit # _____

**Permit Fee
\$100.00**

Property Owner _____ Phone _____ Date _____

Mailing Address _____
Street / PO Box _____ City _____ State _____ Zip _____

Address of Property _____

Contractor Name _____ Contr # _____ Phone _____

Parcel ID _____ Tax Dist _____ BOCC _____ Fire _____ School _____

Subdiv Code _____ Lot _____ Sec _____ Twn _____ Rng _____ #Acres _____ Zone _____

1. Is the roof structure sufficient to sustain the weight of the additional dead load of the roof covering? _____
2. Is there more than one existing roof covering the structure? _____
3. Is the existing roof covering securely attached to the deck? _____
4. Is the roof deck structurally sound? _____
5. Is the Existing insulation water soaked? _____
6. Number of layers of the existing roof _____
7. Type of each layer _____
8. Felt paper weight _____
9. Type of new roof _____
10. How is it going to be fastened _____
11. What type of fastener _____
12. Pitch of the roof(s) _____
13. Gauge of the valley flashing _____
14. Gauge of other flashing _____

Approved this Month _____ Day _____ Year _____

Expires this Month _____ Day _____ Year _____

X

ELBERT COUNTY BUILDING INSPECTOR

APPLICANT SIGNATURE

INSPECTION RECORD

Building Inspection Results and Comments _____

ELBERT COUNTY BUILDING INSPECTOR